NURTURE NEW JERSEY

2021 EXECUTIVE SUMMARY

Making New Jersey the safest and most equitable place in the nation to give birth and raise a baby.

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The Nicholson Foundation

Changing Systems, Changing Lives

community health acceleration partnership

The Nicholson Foundation is a private foundation based in Newark, New Jersey. It funds strategies that inform policy and transform service delivery systems in health and early childhood. The Nicholson Foundation is dedicated to improving the health and well-being of vulnerable populations in the state.

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Executive Summary

The United States has the worst maternal mortality rate among all comparable economically developed member countries of the Organization for Economic Cooperation and Development (OECD). Thirty-six countries comprise the OECD, and the US ranks the highest in maternal mortality. Within this global context, New Jersey's maternal health outcomes and disparities are among the worst in the US. The state has the fourth highest maternal mortality rate out of the fifty states; only Indiana, Georgia and Louisiana have higher rates. When looking at the demographic breakdown of the rates in New Jersey, Black women in New Jersey experience seven times the rate of death from pregnancy-associated causes compared to their white counterparts.

For infant mortality, the US again ranks poorly internationally—33rd out of 36 OECD countries.

While New Jersey as a whole has the 5th best overall infant mortality rate among the 50 states, its challenge with respect to infant mortality is the unacceptable disparity: Black women in New Jersey experience a 3.5 times higher rate of infant death compared to white women (2017 data, courtesy of New Jersey State Health Assessment Data (NJ SHAD)) and Hispanic women in New Jersey experience twice the rate of infant mortality compared to white women (NJ SHAD 2016-2018, 3-year rates). While nationally, Native American women experience high rates of infant mortality, the population numbers in New Jersey are too small to tabulate a rate. Over a five-year period from 2014-2018, there were 335 live births to Native American women in the state and one infant death.[1]

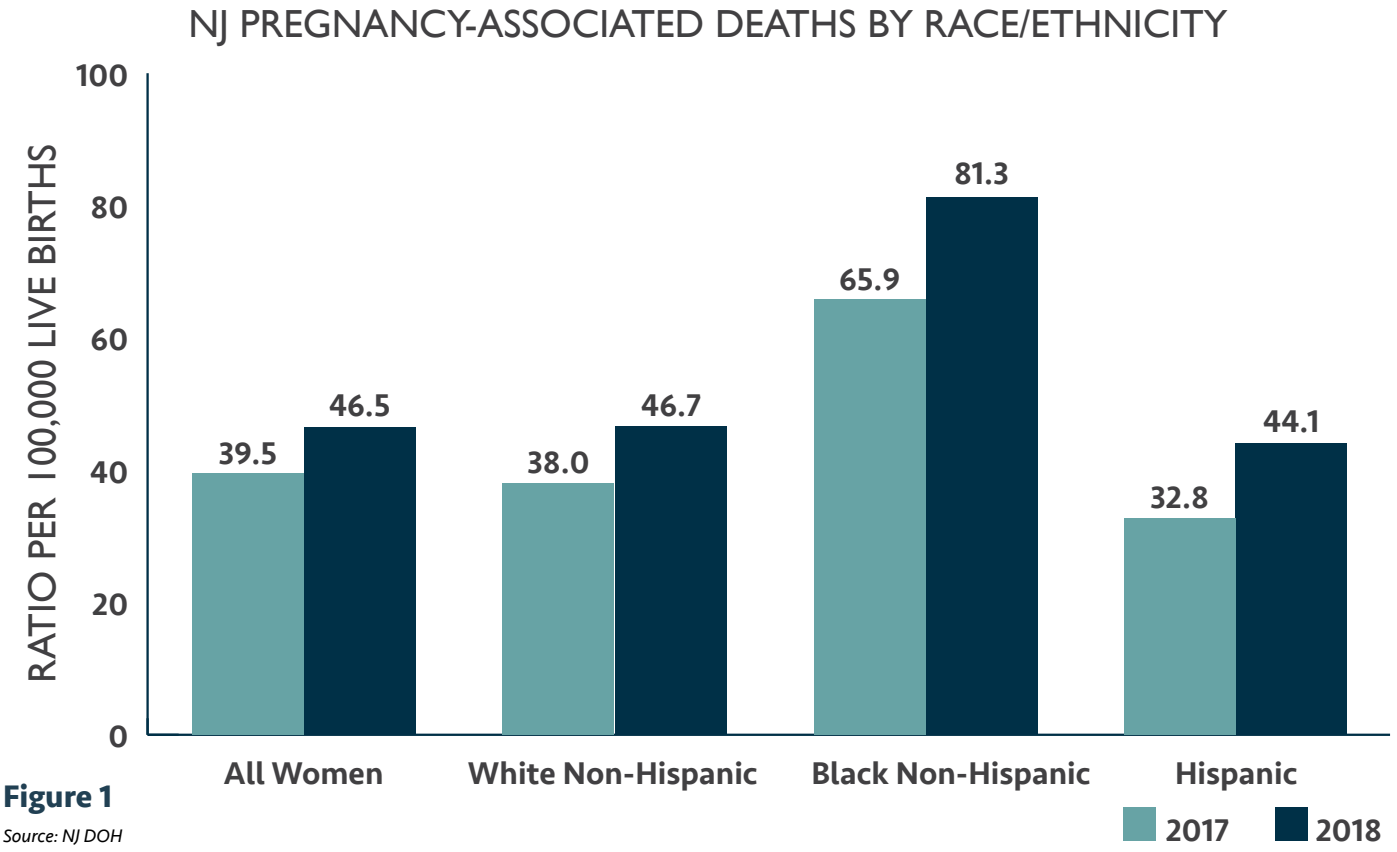

Figure 1

Source: NJ DOH

First Lady of New Jersey Tammy Murphy officially launched Nurture NJ in early 2019 as a statewide initiative committed to reducing maternal and infant mortality and morbidity, as well to ensuring equity in maternal and infant morbidity and mortality for Black and Brown women in the state. Nurture NJ is a multi-pronged, multi-agency initiative that aims to make New Jersey the safest place in the nation to give birth and raise a baby, and to eliminate the state's racial disparities.

In the Fall of 2019, the First Lady convened a team of national experts to create a Strategic Plan for Nurture NJ that would document the existing need, survey current efforts, and define a course for lasting, transformative change. She did so with the understanding that such an ambitious initiative would require significant policy changes in the social, political, and economic arenas. Improved maternal and infant health outcomes in the state will only be possible when the racial inequities in health are eliminated. Health equity, in turn, can only occur when racial equity is achieved in all three arenas. Looming over this, however, was the knowledge that the State as a whole must be prepared to confront its racial inequities.

As the strategic planning unfolded, national events exploded, fixing the nation's attention on racism and racial and ethnic inequities. Before the end of the first quarter of 2020, the country was beset by a global pandemic of COVID-19 that has killed far too many people in New Jersey and worldwide [over 20,000 deaths in New Jersey, 400,000 US deaths, and 2 million deaths worldwide as of this printing]. Black populations experienced a disproportionate amount of illness and death from COVID-19. Black New Jersey residents comprise 13 percent of the total state population but comprise 17 percent of all COVID-19 deaths in the state.

Then, in May 2020, George Floyd was murdered by a policeman in Minnesota. The combination of these two events, COVID-19 and George Floyd's murder, mark a moment in history when many Americans witnessed, and could no longer deny, the depth of structured racial inequities in a country they assumed to be "post-racial". Those on the frontlines of racial justice prior to this moment lost patience with the slow—or non-existent—progress in remediating racial oppression. Communities across the country and across New Jersey gathered in the streets to protest the structural racism affecting Black people with regard to policing. The state of maternal and infant health in New Jersey, with the

extreme disparities in maternal and infant morbidity and mortality, reflects these same forces as they play out in the reproductive lives of women. This Strategic Plan offers channels through which to act.

This is not the first attempt to address these issues. New Jersey has been setting ambitious goals for decades. In the fall of 1996, a Blue-Ribbon Panel on Black Infant Mortality was convened to formally study the problem of infant mortality in New Jersey. The Panel developed a series of recommendations to address the high rates of Black infant mortality. Meanwhile, Healthy New Jersey 2000 set a goal to decrease Black infant mortality from the 1996 rate of 16.3 per 1000 live births to 11.0 deaths per 1000 live births by 2000. That target wasn't reached until 2011—11 years after the target date. By 2017, seventeen years after the expectation of reaching a rate of 11.0 deaths per 1000 live births, the Black infant mortality rate in New Jersey was 9.4 per 1000 live births, marginally surpassing the goal set in 2000 (see Table 1).

New Jersey as a whole ranks more favorably than the US average on a number of social and health indices, but the overall numbers mask the experience of Black and Brown people in the state. In a recent report, New Jersey ranks as the eighth healthiest state overall, up from eleventh in 2018 and twenty-second in 2000, which consistently puts it among the states with the largest improvements.[2] However, in key indicators (see Table 2), Black and Brown New Jersey residents fare worse than other populations in the state. There are considerable disparities by race/ethnicity in poverty, unemployment and per capita income.

The disparities in maternal and infant outcomes are not the result of differences in genes or behavior, but the

Table 1: Infant Outcomes

	US	NJ	NJ BLACK	NJ WHITE	NJ HISPANIC	NJ ASIAN
Infant Mortality Rate	5.8	4.5	9.4	2.7	4.8	3.2
Premature Birth	9.9 (CDC)	9.5	13.5	8.2	9.8	8.9

Sources: National Vital Statistics Reports, Vol. 68, No. 13, November 27, 2019
NJ SHAD (2017)

Table 2: Social Determinants of Health

	US	NJ	NJ BLACK	NJ WHITE	NJ HISPANIC	NJ ASIAN
Population Distribution by Race/Ethnicity	--	--	12.8%	54.6%	20.6%	9.7%
Percent Below 100% FPL (2018)	13.1	9.5	16.1	5.5	17.1	7.1
Unemployment Rate (2018)	4.9	4.9	9.0	4.1	4.6	4.3
Per Capita Income (2018)	$33,831	$42,815	$29,459	$52,084	$24,983	$50,446
Food Insecurity (2017)	12.5%	9.6%	10.6% Mercer County as proxy for Black and Hispanic Pop.	NA	NA	NA

Source: NJ SHAD (2018)

result of the different historic, social, economic, and health environments experienced by Black and Brown women.[3] These economic and social differences matter for health, they are determinant of health, and as long as they exist, so will the disparities in maternal and infant health.

The last 25 years have seen little impact on improving maternal health, reducing maternal morbidity and mortality, and reducing infant mortality; and no progress toward equity in most outcomes. The US as a whole has actually gotten worse across these indicators, and lags behind most economically comparable countries in maternal and infant health. New Jersey mirrors these national trends. The pathways leading to adverse outcomes in maternal and infant health include multiple dimensions of causality that accumulate over a lifetime and across generations. They have social roots with multiple intersections that form unique and complex conditions of lived experience that the old systems of health care and public health were not designed to accommodate.

Nurture NJ recognizes this complex reality and has been actively building momentum toward implementing new ways to address these challenges with the state's stakeholders. The Nurture NJ Strategic Plan brings to bear the science to define a new structural approach, and can be an organizing force for government, private stakeholder, and community partnership action. This Strategic Plan is predicated on the knowledge that achieving the goals of Nurture NJ will require innovative and transformative action to achieve structural change. The goal is to make New Jersey the safest place in the nation to give birth and raise a baby by improving conditions for maternal and infant health during critical periods, and by achieving equity in all maternal and infant health outcomes.

To make this massive task more digestible, the Strategic Plan identifies three proximal objectives: (1) ensure all women are healthy and have access to care before pregnancy, (2) build a safe, high-quality, equitable system of care and services for all women during prenatal, labor and delivery and postpartum care, and (3) ensure supportive community environments and contexts during every other period of a woman's life so that the conditions and opportunities for health are always available. Achieving these proximal objectives, and the ultimate goals of Nurture NJ, will require simultaneous transformation through nine domains of action, across three life course areas affecting maternal and infant health.

> The disparities in maternal and infant outcomes are not the result of differences in genes or behavior, but the result of the different historic, social, economic, and health environments experienced by Black and Brown women.

9 Action Areas for the Nurture NJ Strategic Plan include:

1. Build racial equity infrastructure and capacity.

Racism finds its way into all systems affecting the health of women and children—including health, social services, criminal justice systems, housing, food systems, employment, etc. For Nurture NJ to be successful in achieving equity in maternal and infant outcomes and in making New Jersey the safest place to give birth, some hard work is needed to dismantle the systems that hold racism in place both inside and outside government. What makes Nurture NJ distinct from other strategic plans is its commitment to eliminating the role that racism plays by systematically restructuring the systems that hold racism in place. Therefore, new structures need to be built to both provide people with the capacity and skills to undo racism, and to ensure that the requisite equity-promoting actions become a part of every person's and organization's DNA.

2. Support community infrastructures for power-building and consistent engagement in decision-making.

During the Nurture NJ strategic planning process, the voices of women in New Jersey communicated loud and clear "not about us without us", meaning: "listen to us; do not make decisions that profoundly affect our lives without us at the decision-making table." The Strategic Plan outlines specific actions to structure this engagement into practice. Community engagement in decision-making is only the first step. Effective collaboration between residents and agencies requires support to communities to build their own knowledge base, conduct their own critical analyses and enhance their leadership skills. The Strategic Plan includes recommendations to ensure a sustained, effective, and structured process of community power-building and engagement.

3. Engage multiple sectors to achieve collective impact on health.

In order to achieve the vision of Nurture NJ, private sector participation is as critical as public sector participation for the needed values-based transformation for the state. All sectors must be engaged—education, housing, health, business, government, policy, justice, service providers, and each of these sectors needs to work with racial equity awareness, practices, and processes. The Strategic Plan makes a series of recommendations to ensure that all sectors play a role in achieving improved outcomes, and that they work collaboratively to achieve outcomes no single stakeholder or sector could achieve alone. This Plan also recommends implementation of a place-based model that the highest need communities can embrace to demonstrate the positive impacts of building a supportive community context for health.

4. Shift ideology and mindsets to increase support for transformative action.

Mindset shifts are important first steps because they allow redefinition of the range of possibilities available to apply as solutions in health and public health design, policy, research, and implementation. Several mindsets pervading the practice of maternal and infant health that are in need of transformation and addressed in this Plan include:

FROM	TO:
There are implicit and explicit beliefs in a de facto hierarchy of human value, with Black and Brown people valued less than others.	Racial equity is fundamental to dismantling the structures based on a hierarchy of human value contributing to actions that maintain or create inequities.
It is the behaviors of Black and Brown people that cause adverse outcomes. Changing women's behaviors through education and/or provision of resource directories will achieve the desired health outcomes.	Historic oppression has an impact on current socioeconomic resources of individuals and communities and creates inequities that reverberate throughout every aspect of life. Individual behaviors exist at the end of a long chain of causality.
Maternal and Infant mortality can be improved through prenatal interventions alone.	Women's health and wellness across the life course, including before, during and after pregnancy are critical components of good pregnancy outcomes.
Top-down decision making in health is expedient and appropriate to achieving desired outcomes.	Community power building and power sharing on issues that affect communities is critical to designing and implementing effective, accessible, acceptable, stress and trauma free interventions.

5. **Strengthen and expand public policy to support conditions for health in New Jersey.**

   To understand the unique policy dynamics affecting women in New Jersey, the Nurture NJ strategic planning team conducted nearly 30 interviews with policymakers operating at the state level, asking which current policies most influenced maternal health, and which policies could influence maternal health in the future. The policy recommendations reflect expansion of the extraordinary work currently undertaken by public servants, as well as a desire to broaden and strengthen policies to create a supportive environment for health.

6. **Generate and more widely disseminate data and information for improved decision-making.**

   In order to ensure that New Jersey is making the best decisions, the state must have a clear understanding of the data describing conditions on the ground and across sectors. The Nurture NJ Strategic Plan envisions improvement in the collection of data on women's experiences, use of linked state data and evidence, and improved accessibility to data for accountability purposes. The Plan also envisions improved dissemination of data to stakeholders across the state who need the information to develop better solutions.

7. **Change institutional structures to accommodate innovation and transformative action.**

   Recognizing that most organizational structures were not designed to accommodate innovative approaches and designs (multisector engagement for collective impact, community engagement, racial equity, human-centered approaches), the Strategic Plan makes a series of recommendations that can change structures to better handle transformative approaches and interventions.

8. **Address the social determinants of health**.

   Maternal and infant health and well-being are often determined by factors outside the health system, as well as by factors that exist before a pregnancy begins. Addressing social determinants of health means ensuring that families live in conditions that are always supportive of health, ensuring protection against adverse exposures, and providing remediation against barriers to access to needed care, services and healthy behavioral practices. The set of recommendations in this action area ensures access to resources and conditions to attain and maintain health in environments where people live, work, play, study and seek help.

9. **Improve the quality of care and service delivery to individuals.**

   Improving the delivery of respectful, equitable and evidence-based care is critical to achieving the Nurture NJ goals. This requires transformation in the way care and services are delivered by health and other service providers. All of the preceding action areas and the recommendations contained within them are foundational to being able to deliver equitable, effective and evidence-based care to individuals. The set of recommendations contained in this action area focus on the process of care and service provision and will be effective insofar as they are implemented on top of the foundational structures of racial equity, community engagement and multisector collaboration.

Conclusion

Achieving the goals of Nurture NJ will require innovative and transformative action. The old adage is true: every system is perfectly designed to achieve the results it gets. The systems in New Jersey need to be transformed in order for the outcomes for mothers and infants to change. Therefore, the realization must take firm hold in New Jersey that it is unreasonable to expect any different outcome by continuing to employ the same strategies and approaches from the past. The state cannot afford to waste time tinkering at the margins of the current system to impact inequities in health and eliminate the high rates of morbidity and mortality. Women in New Jersey and their families cannot afford to wait. Women and families in this state deserve better. In response, all stakeholders who have the power to initiate change cannot shrink from the challenge of transformative change. The very impetus and notion of Nurture NJ as conceived by First Lady Tammy Murphy is aligned with the desires of every resident in this state, every woman of color, and their families—to have a safe, healthy, respectful and joy-filled prenatal, childbirth and child-rearing experience—and this vision needs to be realized for all women, starting now.